

# The Smart Clinics - Hollywood Road

## Inspection report

Unit 3, Verney House  
Hollywood Road  
London  
SW10 9HT  
Tel:

Date of inspection visit: 26 July 2022  
Date of publication: 27/09/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Smart Clinics - Hollywood Road as part of our inspection programme. It was the first inspection of this location, which was registered by the CQC in November 2019.

The service offers consultations with a general practitioner. In addition, the service provides blood tests, diagnostic screening and referrals to specialists under arrangements with third-party service providers.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At The Smart Clinics - Hollywood Road services are provided to patients under arrangements made by their employer or an insurance provider with whom the service user holds an insurance policy other than a standard health insurance policy. These types of arrangements are exempt by law from CQC regulation. Therefore, at The Smart Clinics - Hollywood Road, we were only able to inspect the services which are not arranged for patients by their employers or an insurance provider with whom the patient holds a policy other than a standard health insurance policy.

General dental services are also provided at The Smart Clinics - Hollywood Road. We did not inspect the dental service as part of this inspection as that aspect of the service is not rated.

A service manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The service had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients were able to access care and treatment within an appropriate timescale for their needs.
- The service had systems in place to collect and analyse feedback from patients.

# Overall summary

- There was a clear leadership structure to support good governance and management.

Whilst we found no breaches of regulations, the provider should:

- Review the systems for auditing consultations notes and antibiotic prescribing and continue working towards completed clinical audit cycles.
- Maintain consistent and comprehensive records of staff immunity / vaccination history.
- Consider installing a hearing induction loop to assist patients and visitors who use a hearing aid.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical records reviews without visiting the registered location.

## Background to The Smart Clinics - Hollywood Road

The provider, Smart Medical Clinics Limited, provides private general practice services from four locations in London: The Smart Clinics - South Kensington, The Smart Clinics - Hollywood Road, The Smart Clinics Wandsworth and The Smart Medical Clinics - Wandsworth North.

This inspection concerned The Smart Clinics - Hollywood Road, located at Unit 3, Verney House, Hollywood Road, London, SW10 9HT.

This location was registered with the CQC in November 2019 to provide the regulated activities of Diagnostic and screening procedures, Family planning, Surgical procedures and Treatment of disease, disorder or injury.

The service provides private consultations with a general practitioner at the registered location and via telephone and video conferencing. Service users can access a wide range of blood tests and diagnostic screening via third-party organisations. The service is available to children and adults. General dental services are also provided from this location, however we did not inspect the dental service as part of this inspection as that aspect of the service is not rated.

The service is open Monday to Friday from 9am to 6pm. Appointments can be booked by telephone.

Details of the service are set out on the website - [www.thesmartclinics.co.uk](http://www.thesmartclinics.co.uk)

Staff are shared across all four of the provider's locations and comprise of four GPs (male and female), four health advisers, a dentist, a dental nurse, five managers and five reception/administration staff.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews with a GP, clinical team manager, health adviser and two reception/administrative staff using video conferencing.
- Reviewing a sample of service user records and consultations using video conferencing and discussing findings with the provider.
- Requesting evidence from the provider.
- A short site visit.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

**The service had systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems, policies and local authority contact details to safeguard children and vulnerable adults from abuse. However, a GP we spoke with was unaware of the local contacts for safeguarding children as outlined in the practice policy. Following our inspection, the provider had taken action to remind all GPs and staff of the practice's safeguarding systems and processes.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During our inspection we noted two out of four staff records did not contain evidence of vaccination history / immunity for some routine immunisations (tetanus, diphtheria, polio and MMR) despite a risk assessment stating these staff had previously been vaccinated and there was a 'definitive recorded history'.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and escalate concerns to the safeguarding leads. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Legionella risk assessments were maintained.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

**There were systems to assess, monitor and manage risks to patient safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

# Are services safe?

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records we reviewed showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Although, we noted a few examples where unknown abbreviations were used by a GP.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The antibiotic audit we reviewed had concluded there was a low level of antibiotic prescribing and no instances of inappropriate prescribing. Although, two patient records we reviewed showed there was no clear indication of why antibiotics were prescribed.
- The clinical lead informed us that only certain GPs prescribed controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Audits of controlled drug prescribing were undertaken. The practice had recently implemented a system to maintain copies of controlled drug prescriptions issued.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were protocols for verifying the identity of patients including children. This included reception staff verifying ID during face to face consultations. However, we noted a GP was not always verifying patient ID at the start of a remote consultation. Following our inspection, the provider had taken action to remind all GPs of the practice's processes for verifying patient ID during remote consultations.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

# Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, there was evidence of action taken and lessons learned following a significant event where a patient had been charged the incorrect fee.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal or written apology.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- The service used technology to improve treatment and to support patients' independence. For example, where appropriate, telephone and video consultations were offered to registered patients and test results could be sent to patients via encrypted email. The practice could also send prescriptions to a patient's chosen pharmacy.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The practice had completed the following audits to identify if systems and processes had been followed: PSA test results, urine analysis, prescribing controlled drugs, lab test results. A clinical audit in antibiotic prescribing had been completed. The service had yet to undertake completed clinical audit cycles but planned to do so.

## **Effective staffing**

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, information and results were shared with specialists during referrals.



# Are services effective?

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. For example, for sexual health and bioidentical hormone treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP at registration. Where information sharing was required, the clinician would seek consent from the patient at the time.
- The GPs had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their NHS GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting patients to live healthier lives

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, clinicians gave people advice so they could self-care. Health advisors were also trained to provide lifestyle advice to patients.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received and general customer satisfaction.
- Feedback from patients (collated by the practice) was generally positive about the way staff treated people. If patients were not satisfied, the practice attempted to contact them to discuss their feedback.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language. Information leaflets in easy read formats were available on request, to help patients be involved in decisions about their care.
- Feedback collated by the practice showed that most patients felt listened to and supported by staff.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available if required.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. For example, telephone and video consultations were available to registered patients if clinically appropriate.
- The facilities and premises were appropriate for the services delivered.
- A lift was available for wheelchair users or those with mobility issues to access the building.
- Staff informed us there was no hearing loop available.

## **Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, doctors provided courtesy calls to introduce themselves to patients following a complaint about the lack of communication with regular patients of a doctor who had retired.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.
- Staff informed us the practice were attempting to recruit additional GPs due to previous staff leaving the service.

## **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a mission statement which incorporated the practice's values.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## **Culture**

**The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. However, during our remote records review we noted the documentation within patient records could be improved. For example, the modality of consultation was not always specified (video, telephone or face to face consultation), safety netting was not specific in two cases and unknown abbreviations were used by a GP.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. This included ad-hoc during the working day, staff meetings and appraisals.
- The service was transparent, collaborative and open with stakeholders about performance.

# Are services well-led?

## Continuous improvement and innovation

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the practice planned to use QR codes (a type of barcode) on equipment so that these could be scanned when updating portable appliance testing (PAT). The provider had also commissioned a new compliance management software to assist with incident reporting, auditing, document management, risk management and improvement plans.